


SENDER: C LETE THIS SECTION		COMPLETE T SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete this form and also complete item 4 if restricted delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mail piece, or on the front if space permits. 		 Date of Delivery: <u>3/25/05</u> Restricted Delivery address below: <u>NO</u>	
1. Article Addressed to: MARK MILLER EXPECTATIONS 10116 S WASATCH BLVD SANDY UT 84094		3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number: (Transfer from service label) 7099 3400 0016 2295 1362			
PS Form 3811, August 2001		1025-002-M-1540	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

JB DOGM M/035/024 3/25/05

Postage	\$	Findings & Order Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (to be completed by mailer)
MARK MILLER - EXPECTATIONS
 Street, Apt. No., or PO Box No.
10116 S WASATCH BLVD
 City, State, ZIP+4
SANDY UT 84094

PS Form 3800, February 2000 See Reverse for Instructions

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